



FLORIDA CANCER PLAN

1981



Florida Cancer Control and Research Advisory Board
January 15, 1981

THE FLORIDA CANCER PLAN

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Florida Cancer Control and Research Advisory Board
Disease Control, Health Program Office
Department of Health and Rehabilitative Services

I. PURPOSE AND SCOPE

The Cancer Control and Research Act of 1979, Section 381.3712, Florida Statutes, created the Florida Cancer Control and Research Advisory Board (CCRAB) to advise the Secretary of the Department of Health and Rehabilitative Services (HRS) regarding cancer control and research in Florida. (Part Two, I)

This document is the first annual Florida Cancer Plan. It will take time to adequately address the issues named as well as others not yet mentioned. In view of the magnitude of the undertaking, the CCRAB has determined that an incremental approach is the most realistic and practical way to develop the plan.

The intent of the CCRAB is that in its first year the Florida Cancer Plan shall address a definition of the scope of the plan over the next several years, identify future planning needs, and provide the needed direction and priority setting for the development of cancer planning policy.

The CCRAB is composed of 24 members and a chairperson; twenty representing organizations, agencies and institutions with primary interests in cancer, three representing the general public and acting as consumer advocates, and one each appointed by the Speaker of the House of Representatives and the President of the Senate from among their membership (Part Two, II). The chairperson is appointed by the Governor from among the members for a term of two (2) years. All members serve voluntarily without compensation or reimbursement for travel or expenses.

Staff support is provided by the HRS Health Program Office. However, no staff position is specifically funded to assist the CCRAB to prepare the Florida Cancer Plan or to carry out the other responsibilities mandated by law.

Since its appointment by Governor Bob Graham in December 1979, the CCRAB has held three full Board meetings, one meeting of the Plan Committee, one special committee meeting called by the Chairman, and several subcommittee meetings (see Minutes, Part Two, III. Bylaws adopted at the first meeting are found in Part Two, IV.

In compliance with the statute, the following standing committees were formed to relate to the various areas of cancer intervention.

- A. Executive Committee
Jack W. MacDonald, M.D., Chairman
- B. Committee on Cancer Data, Epidemiology, and Tumor Registries
John E. Healey, M.D., Chairman
Gayle Clutter, R.T., Vice-Chairman
- C. Committee on Cancer Prevention, Education, Unorthodox Therapies and Socioeconomic Impact
Joseph J. Zavertrnik, M.D., Chairman
John R. Nelson, M.D., Vice-Chairman
- D. Committee on Cancer Detection and Treatment.
C. Gordon Zubrod, M.D., Chairman
Gary H. Lyman, M.D., Vice-Chairman

- E. Committee on Basic and Clinical Research
Julius Schultz, Ph.D., Chairman
- F. Florida Cancer Plan Committee
Herbert Kerman, M.D., Chairman

The final reports of each committee to the Florida Cancer Plan Committee are summarized in the plan and appended in their entirety (Part Two, V). As a result, the plan is divided into sections corresponding to the functions and responsibilities of the standing committees.

II. RECOMMENDATIONS OF THE CCRAB

Specific recommendations are presented below as extracted from the reports of the standing committees.

A. The Executive Committee recommends:

- the establishing of the positions of one Health Program Specialist II and one secretary in the Department of Health and Rehabilitative Services to provide staff support to the CCRAB and support for the HRS Cancer Control Program;
- that any proposed legislation or regulation which may have impact upon cancer be reviewed by the CCRAB for recommendations to the appropriate authorities.

B. The Committee on Cancer Data, Epidemiology and Tumor Registries recommends:

- that the Florida Legislature expand support of the Florida Cancer Data System at a funding level that is adequate to fully implement the program.

C. The Committee on Cancer Prevention, Education, Unorthodox Therapies and Socioeconomic Impact recommends:

- that the State Department of Education (DOE) be committed and directed to include general health education, stressing preventive aspects of self care, as part of the curriculum to begin in the primary school system;
- that a directory of cancer related educational resources and a delivery system to provide these materials to the school systems be developed by DOE;
- the establishment of a specific curriculum for training of tumor registrars through community colleges;
- the institution of a certificate of recognition program for tumor registrars already active and skilled in the field;

- that a workshop be held under the sponsorship of HRS to develop a program for surveillance and curtailment of unproven and unorthodox methods of cancer treatment.

D. The Committee on Cancer Detection and Treatment recommends:

- that coordination and cooperation among health agencies and HRS be improved to enhance public education as to the existence and accessibility of proven and effective screening tests;
- that state support be provided for county health units to implement, improve and expand programs using screening tests—specifically the Pap smear, breast exams, rectals and the examination of stools for occult (inapparent) blood;
- care for medically indigent patients is the responsibility of government and should be resolved by revision of multiple medicaid reimbursement inequities;
- that a quality control program to guarantee consistent technological accuracy for cytological (Pap smear) examination be initiated by the HRS Office of Licensure and Certification with the ongoing advice of the CCRAB;
- that County Health Units be directed to afford prompt access to effective diagnosis and treatment intervention for indigent citizens whose cancer screening test has been determined to be positive;
- that citizens at high risk for cancer be identified and a high risk task force be established under the auspices of the CCRAB;
- continuation and increase in state support for the cooperative effort of the HRS Children's Medical Services Program and the Florida Association of Pediatric Tumor Programs;
- that a clinical cancer management network be developed to be coordinated by the state's medical schools and existing professional oncology associations for (a) identification of available cancer treatment professionals and institutions, (b) development of interdisciplinary cancer clinics in community hospitals, (c) implementation of appropriate specific clinical program and investigational efforts;
- the development of graduate and continuing certified education programs for nursing and other allied health professions through existing educational institutions for the training of oncology allied health personnel.

E. The Committee on Basic and Clinical Research recommends:

- the funding of interim grants by the State of Florida for cancer research projects whose renewal has been approved with a high priority designation but which remain unfunded by national funding agencies;

- that the legislature provide funds to support research projects related to cancer research originating in Florida research institutions and approved through a state level mechanism.

III. SUMMARY REPORTS OF STANDING COMMITTEES

During 1980 each standing committee met on several occasions to consider needs, priorities and policies relating to committee's specific area of responsibility. On September 20, they met to prepare a final report to be included as a part of the Florida Cancer Plan. The following pages are summaries of these final reports. The complete reports are found in Part Two, V.

A. Executive Committee

The growth of the cancer control program mandated by the Cancer Control and Research Act and the Statewide Cancer Registry (Sections 381.3712, Florida Statutes) requires a minimum staff of one additional health program specialist (HSP II) and secretary. The health program specialist will spend full time providing administrative and planning support to the CCRAB for the development of the Florida Cancer Plan and carrying out the provisions of the aforementioned legislation. He/she will provide statistical expertise for analysis of cancer control services data reported on the Health Management Component of the HRS Client Information System. Clerical and secretarial support for the CCRAB, contract management and plan development is essential if the legislative intent is to be met.

Presently, one HPS III and secretary are providing support for the CCRAB, managing contracts for the Statewide Cancer Registry and the Cannabis Program, processing hospital reimbursement invoices, monitoring of the Cervical Cytology Screening Program and the cancer components of the county health unit program, and providing for coordination of HRS cancer control activities with other agencies and non-governmental organizations such as the American Cancer Society, the Comprehensive Cancer Center, the Florida Cancer Council, etc. The additional staff will make it possible to continue with current responsibilities and provide the needed additional support to CCRAB and the Statewide Cancer Registry. The CCRAB recommends support by the Legislature and the Governor for the HRS budget request for these positions.

From time to time legislation and administrative rules are proposed which may impact on the cancer problem in Florida. There may be proposals impacting on the environment (air quality, smoking laws, etc.), health education curriculum, agriculture (chemicals, pesticides, etc.), or other factors impacting on cancer. Such proposals may originate from health oriented agencies such as HRS or the Department of Environmental Regulation, from private groups, special interest groups or other governmental agencies. It is clear that the legislative intent in the creation of the CCRAB was to provide a body of expertise and opinion in all aspects of cancer for the benefit of people of the State of Florida. For that reason any new or proposed legislation impacting upon cancer should be studied and reviewed and recommendation made by

CCRAB for the benefit of the Legislature and be made a part of the record before legislative action is taken.

B. Committee on Cancer Data, Epidemiology and Tumor Registries (Part Two, V-A)

In accordance with the legislative mandate (Section 381.3812, F.S.) enacted in 1978 and with the appropriation to the Department of Health and Rehabilitative Services in 1979, a request for proposals for the development of a Pilot Florida Cancer Data System (FCDS) was distributed. As a result, a contract was awarded to Comprehensive Cancer Center for the State of Florida for an initial pilot program of one year beginning December 1979. The pilot program has been successfully completed and Phase I of statewide implementation has been started. Total implementation is scheduled for completion by June 1981.

The results of these efforts will provide an accurate data base for analysis to be used in the definition of the cancer problem in Florida. Such analysis will assist in the formulation of objectives and recommendations for future cancer control and research efforts. Continued funding is necessary and is included in the 1981-83 Biennial Legislative Budget Request for HRS. The Committee recommends that the Florida Legislature expand support for the Florida Cancer Data System at a funding level that is adequate to fully implement the program.

C. Committee on Cancer Prevention, Education, Unorthodox Therapies and Socio-economic Impact (Section Two V-B)

In the control of cancer, prevention and education are intimately associated. Prevention, the ultimate goal towards which cancer control activity is directed, can only be practiced when the causative factors are known.

Personal habits, notably cigarette smoking, alcoholic beverage consumption and sunbathing are by far the most important stimuli identified, causing about 50% of all cancers in males. All studies increasingly emphasize the overwhelming role of cigarette smoking in human cancer, not only per se, but also as enhancing the effects of other agents e.g., asbestos and alcohol.

When measures of primary prevention of cancer available to us at present are analyzed, it soon becomes obvious that they are not limited to cancers, but represent measures of general health protection. The prevention of cancer and improvement in health attitudes in general is best accomplished through education at an early age when habits and health attitudes are being established.

A program of health education that will reduce the risk of cancer by developing positive health attitudes and stressing the importance of making wise decisions to minimize the risk of cancer should be developed by the State Department of Education (DOE) in cooperation with HRS, voluntary health agencies and certain youth organizations. Since the increase in the use of tobacco alone accounts for the increase in the age adjusted mortality rate from cancer during the past 25 years, this is the most important theme for which positive health attitudes must be developed.

Nutrition should be another important phase of the health education program. Although no direct cause-effect relationship has been observed for

nutrition and cancer in humans, numerous scientific studies suggest that dietary factors may affect the risk of the disease.

The committee recommends that the DOE be committed and directed to include general health education as part of the curriculum in the primary school system. Such a program of health education can reduce the risk of cancer by developing positive health attitudes and stressing the importance of making wise decisions to minimize the risk of cancer. Emphasis should be placed on the hazards of tobacco smoking, excessive sun exposure, and nutrition as cancer preventive measures.

The committee further recommends the development of a directory of cancer related educational resources by the State Department of Education and a delivery system to provide these materials to the school systems.

The advent of the Florida Cancer Data System has produced a rapid growth in tumor registries in Florida and a critical demand for qualified personnel to operate this system, therefore, the establishment of a specific curriculum for training of tumor registrars through community colleges is needed. To recognize the quality of personnel already active and skilled in the registry system, a certificate program for tumor registrars carried out by the Florida Tumor Registrar's Association should be recognized.

Unorthodox and unproven treatment methods remain a hazard to cancer patients in Florida. Many patients are diverted from proven methods of treatment, for which the overall five year cure rate is now 41%, and become victims of treatment methods that have not been proven to be curative. In order to improve the methods of curtailing the use of unproven treatment methods, the Committee recommends that a workshop be held to discuss problems, needs, and resources in Florida regarding unproven and unorthodox methods of treating cancer.

D. Committee on Cancer Detection and Treatment (Part Two V-C)

1. Subcommittee on Cancer Detection

With rare exception, the cure of cancer is related directly to its early detection and prompt treatment. To this end, considerable energy has been directed over the past several decades to simple, cost effective screening techniques for common cancers that can be applied to high risk groups in the general population. This, to date, has been partially successful, and those screening tests currently applicable to the large general population, in terms of both cost effectiveness and reasonable yield, are discussed in the report of the committee.

The committee projects the following five general areas which are in need of improvement:

- a. Coordination and cooperation among volunteer health agencies and HRS need to be improved in order to enhance public education as to the existence and accessibility of proven and effective screening tests.
- b. Improved and expanded cancer screening programs provided by state-funded clinics (county health units) are needed, particularly with regard

to the Pap smear, breast exams, rectals, and examination of stools for occult (inapparent) blood.

- c. A quality control program to guarantee consistent technological accuracy for cytological (Pap Smear) examination is needed, and should be initiated and implemented by the Office of Licensure and Certification of HRS.
- d. Following the determination of a positive cancer screening test, improvement in prompt access to effective treatment intervention is needed. The possibility of the resolution of this problem among indigent citizens will be greatly enhanced by revision of multiple Medicaid reimbursement inequities.
- e. Identification of citizens at high risk for cancer must be undertaken. Following development of data from the Florida Cancer Data System, consideration should be given to establishing a high risk task force under the auspices of CCRA.

2. Subcommittee on Cancer Treatment

Improved treatment and care of a variety of childhood and adult malignancies relate to the introduction of new treatment modalities. Interdisciplinary care is largely responsible for the rapidly improving results in the treatment of childhood cancer. The cooperative relationship between the HRS Children's Medical Services Program (CMS) and the Florida Association of Pediatric Tumor Programs (FAPTP) has fostered this approach in the State of Florida. Continued and increased state support for the cooperative effort of CMS and FAPTP is recommended.

The results of interdisciplinary care for children with cancer supports the need for broad use of this approach in all age groups. The identification of available cancer treatment specialists and institutions and the development of specific patient management and research protocols by a coordinated clinical network could significantly facilitate the implementation of a program of interdisciplinary care. The development of a statewide network could be coordinated by the existing colleges of medicine and implemented by the efforts of professional specialty groups such as the Florida Cancer Council and the Florida Society of Clinical Oncology.

The subcommittee recommends the establishment of a clinical cancer management network coordinated by the medical schools in Florida and existing professional oncology associations for (a) the identification of available cancer treatment professionals and institutions, (b) the development of interdisciplinary cancer clinics in community hospitals, and (c) the implementation of appropriate specific clinical programs and investigational efforts.

Improved patient care would also be fostered by the development of formal graduate and continuing certified education programs for medical, nursing, radiation technologists and other allied health professionals utilizing established academic and professional organizations. As a result, quality and efficient cancer patient care will be enhanced and made avail-

able to all citizens of the State of Florida. The Committee recommends the development of such programs.

E. Committee on Basic and Clinical Research (Part Two, V-D)

It can be assumed that all significant progress in the battle against cancer has been derived from basic research. Investigator-initiated research, basic research, and bench research are essentially synonymous. The creation of the CCRAB provided for representation by members of the basic research science community of the State of Florida. The attached report recognizes this and initiates a basic science advisory committee. The report is a distillation of concerns not only of the advisory board, but of the single representative of the research community serving on the Board.

The concerns and subsequent recommendations are primarily economic. First, the ongoing problem of capricious Federal funding of worthy scientific investigation is discussed. Second, the long range benefit to basic cancer research within the State of Florida to be derived from funds earmarked from state revenue is explained and discussed.

The use of state revenue in the clinical and basic research field would appear to be of first-order importance in improving cancer control in Florida, and effective enabling legislation should be initiated.

Financial support is recommended for: (1) interim grants for high-priority projects, approved but unfunded by the National Cancer Institute, (2) pilot projects, minor renovation and central facilities, and (3) request for improvement grants for enhancing financial stability of cancer research programs in the State of Florida.

IV. FUTURE OF THE FLORIDA CANCER PLAN

In its evolution as an annual documentary study, the Florida Cancer Plan will address the present and future roles and requirements of the multiple resources within the State of Florida involved in cancer control and management. These resources will include educational capabilities; clinical and basic scientific cancer research; and all phases of cancer control and treatment proffered to the citizens of the State of Florida through all levels of health care providers; academic, institutional, and community.

As a part of its annual assessment, the Plan will strive not only to clarify and define the status of the cancer problem and cancer control in Florida but also it will continue to identify and recommend to the citizens of Florida - through their governor and legislature - various technical and economic strategies deemed appropriate by the CCRAB to permit the State of Florida to assist all of its citizens in receiving optimal and timely access to cancer education, screening, diagnosis, and treatment. In this process of creating the annual Florida Cancer Plan the CCRAB will from time to time identify and recommend strategies requiring budgetary support from the State of Florida. With such recommendations requiring utilization of state funds, the Cancer Control and Research Advisory Board through the Florida Cancer Plan will clearly define and delineate to the governor and the legislature the rationale and priority of each such recommendation or project.

THE FLORIDA CANCER PLAN

EXECUTIVE SUMMARY

The Cancer Control and Research Act of 1979, Section 381.3712, Florida Statutes, created the Florida Cancer Control and Research Advisory Board (CCRAB) to advise the Secretary of the Department of Health and Rehabilitative Services (HRS) regarding cancer control and research in Florida.

This document is the first annual Florida Cancer Plan. It will take years to adequately address the issues named as well as others not yet identified. In view of the magnitude of the undertaking, the CCRAB has determined that an incremental approach is the most realistic and practical way to develop the plan.

The intent of the CCRAB is that in its first year the Florida Cancer Plan shall address a definition of the scope of the plan over the next several years, identify future planning needs, and provide the needed direction and priority setting for the development of cancer planning policy.

In this Plan the Board presents nineteen recommendations for action. Of these, seven have been selected for concentrated effort during the next few months to develop action plans for implementation.

These seven priority recommendations are as follows:

1. that any new or proposed legislation or regulation which may have impact upon cancer be reviewed by the CCRAB for recommendations to the appropriate authorities;
2. that the Florida Legislature expand support of the Florida Cancer Data System at a funding level that is adequate to fully implement the program;
3. the establishing of the positions of one Health Program Specialist II and one secretary in the Department of Health and Rehabilitative Services to provide staff support to the CCRAB and support for the HRS Cancer Control Program;
4. that state support be provided for county health units to implement, improve and expand programs using screening tests - specifically the Pap smear, breast exams, rectals and the examination of stools for occult (inapparent) blood;
5. continuation and increase in state support for the cooperative effort of the HRS Children's Medical Services Program and the Florida Association of Pediatric Tumor Programs;
6. the funding of interim grants by the State of Florida for cancer research projects whose renewal has been approved with a high priority designation but which remains unfunded by national funding agencies; and

7. that the State Department of Education (DOE) be committed and directed to include general health education, stressing preventive aspects of self care, as part of the curriculum to begin in the primary school system.

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